ADDRESS

N. B.-

PHYSI-

1PLACE OF DEATH County Kent.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City nillington (No. 2FULL NAME Charlotte a. Da	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH Sel. 10, 1932 - (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	The S 1921 to The last saw here alive on The 1 last saw here alive on The 1921,
7 AGE 1 If LESS than I day hrs. or min.? B OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) June 100 mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	Secondary (Duration) yrs. mos. ds. (Signed) Muut Bua M. D. 4/2 1914 (Address) Meluylin
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER STRUMES CLEAN OF MOTHER OTHER OF MOTHER OTHER OT	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Internal) Harries W. Surell.	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Informant) Hrazier N. Gerrell.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Millington Med. Helt. 13.30

Registrar

If more branks are needed, addres Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precious control winc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATE. to report Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-For persons who have no occupation 6 Stationary fireman, etc. But in many (not paid Housekeepers who receive a Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoncd by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stitled unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Measles;

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and a	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 2 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURELUV. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1PLACE OF DEATH County MC	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 701
illage or City Bellerlon (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 G I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1, 866	that I last saw hardive on Jrh 28, 1932, and that death occured on the date stated above, at 1240 m.
AGE If LESS than day,hrs. day,hrs. ormin.?	The CAUSE OF DEATH * was as follows:
(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) mos ds.
BIRTHPLACE (State or country) Bellerlyn his	Secondary Secondary Mattion) yra mosdu
10 NAME OF FATHER PLOYS NO 11 BIRTHPLACE OF FATHER (State or country) Ploys No 12 No	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
(State or country) Betteston m	At place in the of death yrs
(Informant) Purs J Brice (Address) Bluerlow and	Former or usual residence
Filed Mach 1982 // Helluth	B R Follows Still Tonding

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (revery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation--Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engineer, Stationary fireman, et . But in many Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the Laborer-Coal mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*ercbrospital fever* (the only definite synonym is "Epidemic cerebrospital menicitis"); Diphtheria avoid use of "Choup", Typhoid fever* (never report "Typhoid Pheumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia";

"PUERPERAL septicaemia," "PUERPERAL peritonihs, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma,, approved as fracture of skull, and consequences (e.g., sej &s, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railrony trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICI A., State cause for which surgical operation was underuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY by Committee on Nomenclature Example: Measles (disease Measles; etc., of

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PLACE	OF DEA	тн			
County	Ken	1-	· · · · · · · · · · · · · · · · · · ·		
Village or Cit	lay C	lestes	logis	<u> </u>	
2FU	LL NAME	The	Elle	as	u Co
PERSO	NAL AND	STATISTI	CAL PAI	RTICU	LARS
3 SEX	4 COLOR	OR RACE	SINGLE MARRIE WIDOW OR DIVE (Write th	D. h	ramed
6 DATE OF BIT	Р ТН	Zefr (Month)	****************	1 <i>Y</i>	, 1872 (Year)
7 AGE	60 yr	. 5 r	nos. 8		If LESS than I day hrs. or min.?
8 OCCUPATION (a) Trade, proparticular kir	rofession or	Ele	etri	ci	au
(b) General rebusiness, or exwhich employ	establishmer	it in)
9 BIRTHPLACE (State or co	untry)	Bal	tis	no	re
	OF _ '		- 0		00
10 NAME C	au	ausl	a lo	m	ella
FATHER	iER r country)	gull.	alo	n	ella
FATHER 11 BIRTHPL OF FATH	TER r country)	gust	a lo	n	ella
8 OCCUPATION (a) Trade, piparticular kir (b) General r business, or c which employ	rofession or rofession or nd of work nature of in establishmer yed or (emp	dustry	nos. 8	ds.	If LESS th

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME is number.)

THE CALL OF DEATH
16 DATE OF DEATH FOL 5, 19232
(Month) (Day) (Year)
17 HEREBY CERTIFY, That I attended the deceased from
that I last saw h hamilive on 19252
and that death occurred on the date stated above, at 1250 Pm.
The CAUSE OF DEATH * was as follows
Ly o Caroli Caronic.
QuifR.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0.
(Duration) veal vrs. 1008 de.
Contributory Secondary
(Signed) Tes M. D.
Signed. M. D. Charles Con.
*State the I'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Chesler Cometery Feb 7, 1937
20 UNDERTAKER ADDRESS
BR Fellows Still Fond hu

If more blanks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

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Statement of Cause of Death—Name, first, the DIS, EACE CAUSE DEATH (the primary affection with respect to time and causation), using always the same accepted the time and causation), using always the same accepted the time and causation), using always the same accepted the time and causaine disease. Examples: Cerebrospinal fewer the only-definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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3

PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of infor mation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.-WRITE PLAINLY, V. S. No. 1

County Seut,	Registration Dist. No. 204
2	Registration Dist. No.
Village or City Taurel	No. St., Wa If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residenca in city or town whera death occurradyrsmo	
2. FULL NAME Henry Kerbert Ca	ttose
(a) Residence: No. Harrlee	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SAX 4. COLOR OR RACE OR-DIVORCED (write the word) Augustic	21. DATE OF DEATH Subacuscy 21, 198 2 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	A
(or) WIFE of Harriett Kotton	1 HEREBY CERTIFY That I attended decaased fr
DATE OF DISTRICT	12.4. 27 37
DATE OF BIRTH (month, day, and year) fune . Mulicon AGE Days If LESS than	to have occurred on the date stated above, at 5 mm
1 day,hrs.	
S Trade (of section or partialler	were as follows:
8. Trade, Arofession, or particular kind of work done, as SPINNER, Jaum Laboren SAWYER, BOOKKEEPER, etc.	Ceryoral Hemorkore ul
9. Industry or business in which	Left diso bushing
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate daceased last worked at this occupation (month and	
10. Oate daceased last worked at this occupation (month and 20.3) spant in this year) occupation.	
Vill C	Other Contributary Causes of importance:
2. BIRTHPLACE (city or town) Much	
13. NAME Charles: Of Catton. 14. BIRTHPLACE (city or town)	- anywe promise put 3 y
H LUCI	- Lucias A Carretano
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Salles Millen 16. BIRTHPLACE (city or town) Kenster (State or country)	What test confirmed diagnosis? Was there an au opsy?
No. AR	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
Caral Alleria	Where did injury occur? (Specify city or town, county and State)
(Addrass) Challelaid & 6	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place, fairlee Oate March 2, 1936	Nature of injury
UNDERTAKER Chas. L Woodd	24. Was disease or injury in any way related to occupation of deceased?
(Addiss) to hestertoran Ma	If so, specify
FILED IN 1932 Just Luceto	(Signet)
Registrar.	(Ardress) Lacutown 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of dof importance were as for		Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	faces the same	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 2 1962	July 5, 1927	Peritonitis	3 days ago
3	BUREAU V. S			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1_year
		<u> </u>		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Village or City Village or City Village or City Village or City Length of residence in city or togon where goath occurred Length occurred in the does stated object of the city occurred in the does stated occurred on the date stated object, st. 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01759
Village or City Length of residence in city or toyn where death occurred. Length of residence in city or toyn where death occurred. Length of residence in city or toyn where death occurred. Yes. mys. ds. How long in U. S. if of foreign birth? Yes. Mark Length of residence in city or toyn where death occurred. Yes. Ward.	1. PLACE OF DEATH	47)
Village or City Length of residence in city or toyn where death occurred. Length of residence in city or toyn where death occurred. Yes. mys. ds. How long in U. S. if of foreign birth? Yes. Mark Length of residence in city or toyn where death occurred. Yes. Ward Length of residence in city or toyn where death occurred. Yes. Mark Length of residence in city or toyn where death occurred. Ward Length of residence in city or toyn where death occurred. Ward Length of residence in city or toyn where death occurred. Ward Length of residence in city or toyn where death occurred. Ward Length of residence in city or town and State. PERSONAL AND STATISTICAL PARTICULARS 3. Sax 4. COLOR OR RACE S. SINGLE, MARRIED, WildOWED, IN MEDICAL CERTIFICATE OF DEATH S. MEDICAL CERTIFICATE OF DEATH J. DATE O	County Leut	Registration Dist. No. 263
Length of residence in city or town where death occurred	Village or City Minners Reck	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2. FULL NAME (a) Residence: No. (Usua) place of abode PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warie the word) Sa. It married, vidowed, or divorced HUSAND (Wonth) (Wonth) (Day (Year) 22. I HEREBY CERTIFY (has I attended docessed from 19. 20. (Wonth) (Wonth) (Day (Year) 19. 20. (Wath	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. \$\frac{5}{3}\$. \$\frac{1}{3}\$ 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND (Year) 6. DATE OF BIRTH (month), day, and year) 7. ACE Years Months Days If LES than or min. 1 day. hts. Or min.		ds. How long in U. S. If of foreign birth?yrsmosds.
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write lbs word) 5a. If married, widowed, or divorced (ur) WIFE of (Ur) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. ACE 7. Years 8. Trade, profession, or particular RAWYER BOOKKEEPES HINER, ACE AND RESTRUCTION (State or country) 9. Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEEPES HINER, Spant in this occupation work was done, as SILK MILL SAWYER, BOOKKEEPES HINER, Spant in this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or pountry) 17. INFORMANT 18. BIRTHPLACE (city or town). (State or pountry) Was there an au opsy? MO 29. Manner of injury. 19. Date of country (Specify or town). (State or pountry) Where did injury occur? (Specify city or town, country and State). Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. MEDICAL CRITIFICATE OF DEATH (Worth B. COLOR TO THE STATE OF DEATH (Worth B. COLOR TO THE STAT		
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Sa. If married, widowed, or divorced Hospital or Control of Wish ND or Control of Wish N		
5s. If married, widowed, or divorced HUSBAND (or of core) HUSBAND (or of core) HUSBAND (or of core) HUSBAND (or of core) 6s. DATE OF BIRTH (month), day, and year) 7s. AGE Years Months Days If LESS than I day,		198 2
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7. AGE Years Months Days If LESS than I day,hrs. ormin. 3. Trade, profession, or particular kind of work done, as SPINNER, Merchant SPINNER, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and the surprise of country) 12. BIRTHPLACE (city or town) Spint in this occupation (month and the surprise of country) 13. NAME (Little or country) 14. BIRTHPLACE (city or town) Spint in this occupation (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Spint in this occupation (State or country) 17. INFORMANT (State or pountry) 18. BURTHPLACE (city or town) Spint in this occupation (State or pountry) 19. Mainten NAME 19. Mainten NAME 20. If death was due to external causes (VIOL ENCE, fill in also the following: Accident, suicide, or homicide? Date of injury	M = 5.8 (602)	193 70 2000 190
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BORKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER BORKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER BORKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER BORKEEPER, etc. 10. Date deceased last worked at this occupation (month and work) as Junt in this occupation (State or country) 12. BIRTHPLACE (city or town) State or country) 13. NAME Of Operation What test confirmed diagnosis? Was there an au opsy? To What test confirmed diagnosis? Was there an au opsy? To State or pountry) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) State or pountry) 17. INFORMANT State or pountry) Where did injury occur? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury	The state of the s	
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(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or pountry) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR, REMOVAL Place (Manner of injury (State or country) (Country) Name of operation What test confirmed diagnosis? Was there an au opsy? No 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Manner of injury Manner of injury	110-11	Dther Contributory Causes of importance:
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What test confirmed diagnosis? Was there an au opsy? No. 15. MAIDEN NAME Clear	E 13. NAME Pharles Deckel	7,000
What test confirmed diagnosis? Was there an au opsy? No. 15. MAIDEN NAME Clear	I 14 RIPTHPLACE (city or touch) Dallo. Cely	Name of operation serve Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or pountry) 17. INFORMANT Office (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Additionary Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury	(State of country)	7 1
Accident, suicide, or homicide? Date of injury, 19	15. MAIDEN NAME James Clister	
17. INFORMANT Ognus 1 - Mickel Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Malling Date Tib. 6 1033	16. BIRTHPLACE (city or town) Dally	
17. INFORMANT CANALY Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Callerant Processing Control of the Co	∑ (State or pountry)	
18. BURIAL, CREMATION, OR REMOVAL Place Malleusel Page 118. 6 10.32 Manner of injury	17. INFORMANT Canus V. Wickel.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Pallement - Page tib. 6 1032		
Nature of injury	19 1111 - 1 - 1 6 37	1
Val. V X a s d	Val. Dale	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?		24. Was disease of injury in any way related to occupation of deceased?
(Address) Western If so, specify (Signed) Franklet Sweeth M. D.	ali of A & Tr. Di	
20. FILED 2/7 , 1932 13. Veen Weekler (Signed) (Ardress) Cheshulawa 7 M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See V. & 2 under "Smith gevery date of beath mp

If more blanks are needed, address State Registrar. 16

STATE OF MARYLAND

CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street number.) (Day) State, yra..... mos..... DATE OF BURIAL

W. Saratoga St., Balto., Requesting V.

BINDING

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cuployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekcepers who receive a whatever, write None. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on The ques-

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF discases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all rhage," "Inaultion." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal taken. For violent deaths state means of injuri State cause for which surgical operation was under-"Puerpenal septicaemia." "Puerpenal peritonitis," etc. "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious," symptomatic), "Atrophy," "Collapse," "Coma," "Coneausing death). 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory nse of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinomu, Sarcoma, etc., of uuqualified, is indefinite); Tuberculosis of lungs, men(name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular Example: Measics (disease heart (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

MARGIN RESERVED

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BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

. PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. N. B. WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6.1763
1. PLACE OF DEATH	108
County Went	Registration Dist. No. 203
Village or City Rock Hall R4. D.	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Farnett Chizabeth Still	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Feb 1.56 ,193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of William . Well.	22. I HEREBY CERTIFY. That I attended deceased from
man .new,	1932, to 7 31 1932
6. DATE OF BIRTH (month, day, and year) May 20 1889	I last saw has alive on 1 = 5 , 1922; death is said
7. AGE Years Months Days II LESS than 1 day, hrs.	to have occurred on the date stated above, at _ 5
42 8 ormin.	The PRINCIPAL AUSE OF DEATH and related causes of importance were as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jove pulumonia
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	,
O this occupation (month and spent in this	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland (State or country)	
1 10 10-	organic heart broubl
13. NAME Frank Droff 14. BIRTHPLACE (city or town) Mary Land	
14. BIRTHPLACE (city or town) Mary Land (State or country)	Name of operation Date of
ml 2	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret la Coleman	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wary Land	Accident, sulcide, or homicide?
me y Harry	Where did Injury occur? (Specify city or town, county and State)
(Address) Romand Standard Manager Eth M. Aller M. A. B.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wesley Chupel mate Feb 3 nd 1932	Nature of injury
2. N. & mod . 12 -11	
19. UNOERTAKER Chart House L World	24. Was disease er injury in eny way related to occupation of deceased?
DIA OF P	(Signed) Phohelong M. D.
20. FILED 20 L. 1982 D. Lew Williams	(Address) Chestelan Mas.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 7.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	ses Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis (AR 2 1032	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastraenteritis	1 year	
	-1			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

	STATE O	F MARY	/LAND—	CERTIFICAT	E OF DEATH	61764
1	I. PLACE OF DEATH			(&)		121
	County Court		,		Registration Dist. No	101
	Village or City / Yeur	dy Ville	(1f	No.	r institution, give its NAME instead of stre	St.,Ward
	Length of residence in city or town where de	ath occurred			S. if of foreign birth?yrs	
2	2. FULL NAME JUSquet	· · · · · · · · · · · · · · · · · · ·	olusa			
	(a) Residence: No.	(Usual place o	f abode)	St., Ward.	If nonresident give city or to	wn and State
a term	PERSONAL AND STATISTIC			MEDICA	AL CERTIFICATE OF DEA	
3.	SEX Tuale 4. COLOBOR RACE		(write the word)	21. DATE OF DEA	(Month) (Day)	, 193 <u> </u>
5a.	. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	0		22. 2 I HER 2 - 21	EBY CERTIFY, That I at	tended deceased from
6.	DATE OF BIRTH (month, day, and year) 2	-21-18	32-	I last saw h alive	on 2668 / Jours -2/, 1	933; death is said
7.	AGE Years Some	Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the da The PRINCIPAL CAUSE O wera as follows:	ite stated above, atm, F DEATH and related causes of important	1
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Infan	<i></i>	20	rangulation	Date of onest
OCCUPATION	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		*****	5	Till Brew	
000	Lb. Data decaased last worked at this occupation (month and year)		me (years) t in this pation			
12	BIRTHPLACE (city or town) (State or country)	medy Vil	1	Other Contributory Causes	of Importance:	
2	13. NAME In an well.	John	oan	,		
FATHER	14. BIRTHPLACE (city or town) (State or country)	uti Co	auf			ata of
2	15. MAIOEN NAME Lades.	Q	3		osis? Was th	
MOTHER	16. BIRTHPLACE (city or town)	est lo	Tup		rnal causes (VIOLENCE) fill In also the f	
17	INFORMANT Maxwell (Address) mill	Johns on	na		(Specify city or town, county urred in INDUSTRY, in HOME, or in PUB	
18	BURIAL, CREMATION, OR REMOVAL Placa Tourntour	Date Flet	- LL, 1932	Manner of injury		
19	UNDERTAKER OL A	llows		24. Was diseasa or injury in	any way related to occupation of decease	sed?
20	FILED Flet-22, 1932 /1	Hela	Registrar.	(Signed)(Address)	Godlack Comment	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 26

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAR 3 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	IMPA: C	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.

of OCCUPA-

ď.,	3	0,	6.	5
U	L	6	U	4.)

1. PLACE OF DEATH			n ,
County / Kunt,		Regist	tration Dist. No.
Village or City Rear Line Ly Length of residence in city or town where death occurred	(If	No. death occurred in a hospital or institution, give it death occurred in a hospital or institution, give it ds. How long In U.S. if of foreign bi	
D. 7 - 7	Polingsu	~	JIS
(a) Residence: No. Juan Aug	Sy Ville	St., Ward.	nresident give city or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFI	CATE OF DEATH
heal (at OR DIVE	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH (Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CER	T1FY, That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer) 2-2/	- #3Z	I last saw h we alive on tell /	Jour 12/19 3 3; death is said
7. AGE Yeers / Bonths Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated ebove, at The PRINCIPAL CAUSE OF DEATH and rela were as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	u P	Strangul	akens
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month end		Still Bor	27
10. Oate deceased last worked et this occupation (month end year)	otal time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Lead Co (State or country)	WP	Other Contributory Causes of importance:	
13. NAME Than well tohuso	u		
13. NAME Than well thus	co rue	Name of operation	Oete of
(State of Country)		What test confirmed diagnosis?	Was there an eutopsy?
15. MAIDEN NAME Sache Jone 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Regravely Johns	o Tup	Where did injury occur?	Date of injury, 19
(Address) 18. BURIAL, CREMATION, OB REMOVAL Place # outer Oate #	1 1 1932	Manner of injury	
19. UNOERTAKER 27R1 Bellow (Address)	Pang	24. Wes disease or injury in eny wey related	to occupation of deceased?.
20. FILED HELT 1932 JMCel	Registrar.	(Signed) (Address) (Ex	unfilor and

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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8.-The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Walking V. P				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V-8 No. 1

PLACE OF DEATH	93-c STATE OF MARYLAND
County N ENT	
	Hall my CERTIFICATE OF DEATH
Me Kinkeyille Noch	Registration Dist. No. 2/
Village or City (No.	/16 death account in
(110.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Damust lo L.	tion, give its NAME II stead of street and
FOLL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH
MIDOWED. TA REPU	Let 20, 19832
Male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I Rended the deceased from
m	191930. 1032 to Jeb. 19 1934
183°	7 1 1
(Month) (Day) (Year)	that I last saw h halive on JW. 1927,
7 AGE If LESS tha	The state of the state above, at
92 1/ 5 1 day hr	
yrs. / mos. P ds. or min.	
8 OCCUPATION Start & Farmer or Bull	Lenitity
particular kind of work and mer hance	3
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durangn)de.
9 BIRTHPLACE	Contributory Mence Myocartet.
(State or country)	Secondary
10 NAME OF A	(Duration) vis mos ds.
FATHER LA TO 14	(Signed) Trul (Squill M. D.
11 BIRTHPLACE	- Jel 27 122 (Address) Thetelown 2
01	7
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of Mother Mary Os Well	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Waryland,	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
11/13 8 1 1	Former or
(Informant) 1, 12. Le bompte	usual residence
be to the state of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ohaster Four mo	3 5 Fauls, Tent to Mol 2/23, 1932
15 - 1/42 BY R. A.	20 UNDERTAKER APDRESS
Filed 2/23 1912 D. Luw Vinding Registrar	- Chart 60 rdd Oles of A
	14 ms 19 all Goustillons, 140
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, household only Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Automobile factory. The material (not paid Housekeepers who receive a 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. tutanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

-174

PLACE OF DEATH	STATE OF MARYLAND
County Stend -	CERTIFICATE OF DEATH
Village or Cit Quaker- Hock (No	Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 192
7 AGE If LESS than day hra. or min.?	
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vrs. mos 2 de
9 BIRTHPLACE (State or country) Kind-Co. Mdd. 10 NAME OF FATHER Arbert Massare	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Ary M. D.
OF FATHER (State or country Kend-C) Miss	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosd.
(Informant) Tohn I Massus (Addresa) historious PS	Where was disease contracted, if not at place of death? Former or usual residence
Filed Fet 9 1932 N.J. Hieks. Registrar	20 UNDERTAKER Stecks Aportess Spesientes
If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, For many occupations a Or. especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) At Home, and children, without more precise specification as Day For persons (6) If the occupation has been changed Automobile factory. The material Laborerwho have no occupation single word or term on -Coal mine, etc. not gainfully em-Grocery

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebropneumonia, Broncho prieumonia ("Pneumonia,"

> Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," Examples: Accidental drowning; Struck by railway trointaken. 'Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; 9 9 Committee on Nomenclature of the "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MAR

H)	ECORD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	
FOR BINDING	IS A PERMANEN	stated EXACTLT	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	RATE PLAINLY, A'H UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLT. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	IN is very important See instructions on back of certificate.
•	RIVE PLAINLY,	tion should be car	USE OF DEATH	N is very imports

1. PLACE OF	IV. T			202
County	(Line)		Registration Dist. No.	
Village or City	Pamora	•	ND. death occurred in a hospital or institution, give its NAME instead of	f street and number)
Length of reside	nce in city or town where		ds. How long In U.S. If of foreign birth?yrs.	
2. FULL NAM	F Janual 7	Hiller.		
(a) Residence			St., Ward.	
(a) Residence	. 1106	(Usual place of abode)	If nonresident give city o	or town and State
PERSONA	L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX Male	Coloud	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH F. 14 (Day	, i93 2
5a. If married, widowed HUSBAND of (or) WIFE of	Pausie Ma	iles	22. HEREBY CERTIFY, Jhat	I attended deceased from
6. DATE OF BIRTH (m)	onth day and year)	lat known	I last saw h alive on Total	19 ; death is sa
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, etm.	
103	that-	Kacen 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	
1 0 T-1	on, or particular	7	feteresselessie	Data of ons
kind of wor	k done, as SPINNER, ODKKEEPER, etc.	Harner.		
9. Industry or bu	siness in which			
9. Industry or bu work was d SAW MILL,	one, as SILK MILL, BANK, etc		-	
10. Date deceesed this occupa year)	tion (month and	11. Totel time (years) spant in this occupation		
12. BIRTHPLACE (city) (State or countr		un	Dther Contributory Causes of importance:	
13. NAME	David A	Deac.		
Ξ	Tel	1	Neme of operation	Doto of
14, BIRTHPLACE (Ore s	What test confirmed diagnosis?	
15. MAIDEN NAMI	Mary	Mille	23. If deeth was due to external causes (VIOL ENCE) fill in also the	
Ξ	4	u A	Accident, suicide, or homicide? Date ef inj	
O 16, BIRTHPLACE (State or c		Y	Where did Injury occur?	,,
	10 -191		(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or In	inty and State)
17. INFDRMANT (Address)	David Mg	tectains Jud	- Openia whether injury occurred in two ostat, in nome, of in	TODETO TENCE.
18. BURIAL, CREMATIC		of 1	Manner of injury	
	rena	Date Feb 27 , 19 2	Nature of injury	
	DEN SA	ack.	24. Was disease er injury In any way related to occupation of de	preased?
19. UNDERTAKER	Chital	and med	If so, specify	
2-6	17	not Went.	(Signed) D' W Olsehous	- M
20. FILED T	19.3	I Vale of the		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 9 1982			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. County Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth? _____yrs. ____mos. Length of residence in city or town where death occurred statement PHYSICIAN ECORD. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATI 3. SEX 5. SINGLE MARRIED, WIDOWED. (Day) (Month) (Yeer) BINDING 5a. If married, widowed, or divorced HUSBAND of 22 That I ettended deceased from (or) WiFE of doath is said 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated ebove. FOR The PRINCIPAL CAUSE OF DEATH end related causes of importence mia Date of onse 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED should may back 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 11. Total time (years) Moss 10 Date deceesed last worked at this occupetion (month end that occupation of hes year) _____ instructions Other Contributory 12. BIRTHPLACE (city or town) MARGIN (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town) in plain (State or country) What test confirmed diagnosis?.. Wes there en autopsy? carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in elso the following: DEATH 16. BIRTHPLACE (city er town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnoys 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE alo. nation Nature of injury TION 24. Was disease or injury 19. UNDERTAKER If so, specity (Signed). (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3032AU V. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V.	- 1			
Other contributory causes of importance:	· (3	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. item Village or City_ Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth? _____yrs. statement ECORD. (a) Residence: No. St. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (qurite the word) (Month) (Day) 5e. If married, widowed, or divorced HUSBAND of allie & TIFY. That J attended deceased from 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Years If LESS than Months Days to have occurred on the date slated above, et l day.....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION be RESERVED Jo plnods may back 9; Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that yeer) _____ occupation . Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) MARGIN (State or country) in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or tow (State or country) carefully What test confirmed diagnosis? Was there an autopsy?____ MOTHER important 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suiside, or homicide?______ Date of injury_______ 19 DEATH 16. BIRTHPLACE (city er town (State or country Where did Injury occur?.. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. should OF (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of Injury CAUSE Nature of Injury LION 24. Was disease or injury in any way-related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Address)

BINDING

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(860)
County Keys	Registration Dist. No. 200
Village or City Sendelown	ND. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / athrivel of grall	Mw)
(a) Residence: No. Gaugalain Ma	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 7. /
male that OR DIVORCED (ruring the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decaased from
(or) WIFE hargaret dedien	1928 to FULL TA 19072
6. DATE OF BIRTH (month, day, and year) 4/10/1846	I last saw h alive on The 12. The 1932 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 16,000m.
86 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Templeme Chart flee for 1832
kind of work dona, as SPINNER. Clatical Highlians	Lestierenia Fall & To 1832
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and company). Spent In this company in month and company in the second	
SAW MILL, BANK, etc	
this occupation (month and 1912 spent In this 40 occupation 40	
	Dither Contributory Cansos of Importance:
12. BIRTHPLACE (city or town) (State or country)	three wel feram o year ago
	and company to bed
H	Que to a misstef "d fall, in his hand.
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
=	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Data of injury, 19 Where did injury occur?
Juneanich Santte	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	openis whether many occurred in thousand, in nome, of mirrorit Place.
18. BURIAL, CREMATION, DR REMOVAL Course	Manner of injury
PlaceDate _2 _/_/5 _//_193.2	Natura of injury
10 HADEOTANEO Loke & Collage	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILED 7eb- 14, 1932 Girls June	(Signed) Colyal Afcert. M.D.
Zo. FILED 2	(Address) Galless Und
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore. Requesting V. S. No. 1.

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Example I	2	Example II	
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Cereoral hemorrhage			
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

County	1		Registration Di	st. No 20	13
Village or City	rlettall	No	registration Di		
Village of City	UN-1-1-UUS	(If death occurred in a hospital or institu	tion, give its NAME i	St., nstead of street and	number)
Length of residence in city or town where d	leath occurredyrsm	osds. How long in U.S.if	of foreign birth?	yrsr	nos
2. FULL NAME / MOL	ul Sisco.				
(a) Residence: No.		St., Ward.			
	(Usual place of abode)		If nonresident giv	e cily or town an	d State
PERSONAL AND STATISTI	CAL PARTICULARS	· MEDICAL C	ERTIFICATE (OF DEATH	
SEX 4. COLOR OR RACE	5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH	7eh	/2 (Day)	., 198. 2 (Year)
if married, widowed, or diverced HUSBAND of (or) WIFE of	Siano	22. I HEREBY	CERTIFY.	That I attended	
77	0/1-10 1000		, 1955, to	- 12	, 19.5
AGE Years Months	Days If LESS than	I last saw harman alive on	10	p 1930	; death is
1 2	Days If LESS than 1 day,hrs	to have occurred on the date state. The PRINCIPAL CAUSE OF DEAT		P _{-m} .	
00	ormin.	were as follows:	- I all related causes	or importance	Oate of or
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coole on farm	whorke	75		
9. Industry or business in which	20071.000000	R	0		-
work was done, as SILK MILL, SAW MILL, BANK, etc	V				
Date deceased last worked at this occupation (month and year)	11. Total time (years) spont in this occupation				
BIRTHPLACE (city or town)	1-1	Other Contributory Causes of impo	ortance: 1472	B	
(State or country)	- f			/	
13. NAME	Johnson				
14 DIDTHOLAGE (situation)	1	Name of acception			
14. BIRTHPLACE (city or town)	100.	Name of operation			
15. MAIOEN NAME IN A Phol	astonas	What test confirmed diagnosis?			
- Thave		23. If death was due to external cau			
16. BIRTHPLACE (city or town)	10	Accident, suicide, or homicide? Where did injury occur?		e or injury	, 19
INFORMANT Jesnie J	ard, or	Specify whether injury occurred in	(Specify city or toval INDUSTRY, in HOME	vn, county and Sta , or In PUBLIC PL	le) ACE.
BURIAL, CREMATION, OR REMOVAL	CK Thin.				
0///_/	Date 7 16, 14, 1982	Manner of Injury			
2. 7	40.000	Tractate of mijury			415
UNDERTAKER DESCRIPTION OF CARDON CONTROL OF	Court Mr. L	24. Was disease or injury in any w	ay related to occupatio	on of deceased?	~
		1 - 11			

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributers course of investment				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERMA A FOR IS WITH UNFADING INK--THIS RESERVED MARGIN

V. S. No. 1

PLACE OF DEATH County Kent.	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Mellington (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, Married, Wildows OR DIVORCED (Write the word)	16 DATE OF DEATH Fleb. 15, 1932 (Month) (Day) (Year)
DATE OF BIRTH (Mongh) (Day) (Year	HEREBY CERTIFY, That I extended the deceased from
77 98 yrs. 6 mos. 23 ds. or mir	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	1. 0
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) District of Columbia	Contributory Secondary (Durstion) yrs mos ds.
10 NAME OF Jacoe Hayden	(Signed) Musset Brice M. D. 4118 1922 (Address) Mullingfor the
OF FATHER (State or country) White the country of	*State the Distase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Unkown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Unbown	At place of deathyrsmosds.
(Informant) Mary E. Comegy's	if not at place of dea.h?
(Address) Millington Md.	millington, my Fet. 18, 1932
5 Filed 2/18 1977 W. Brice	20 UNDERTAKERY AND ADDRESS

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condicough; Chronic valvular heart disease; by Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease etc. The contributory "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County / Cuf	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (19 lemans (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME John Honer	Alsow stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Lub 56 , 1932 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 1924, 1932
(Month) (Day) (Year)	that I last saw hamalive on 5196 26th 1932
7 AGE [If LESS than	and that death occurred on the date stated above, at 4.30/m.
yrs. / mos. ds or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Convulsions
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs m 18 ds
9 BIRTHPLACE (State or country)	Contributory Secondary Duration Duration Mass.
10 NAME OF James (1) Ilson	(Signed) Te P alwell Ni. D
M II BIRTHPLACE O O O	*State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether
State or country) Columns med	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Ruth Wilmore	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place In the State yrs mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Lames O Helson	Former or usual residence
(Address) 1/5/n. Wellewase and	Colemans, md Feb 77. 193
15 Filed Her 27 1932 A Belsel	BR Fellows. Still Pondy
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, laborer worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor. Architect, Locomotive engineer, Civil engineer, Stationary fireman, et. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of oc whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, 6 yrs). For persons who have no occupation For many occupations a single word or term on Furm laborer, without more precise specification as Day who are engaged in the duties of the (a) the kind of work and also (b) the (b) Automobile factory. The material Laborer-Coul mine, etc. Wom-(6) Grocery,

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